

**APPLICATION DATA SHEET****Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:: Yes

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: USE OF ASPARTIC PROTEASES IN  
COSMETICS AND THERAPEUTICS

Attorney Docket Number:: 032487-010

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Dominique

Middle Name::

Family Name:: BERNARD

Name Suffix::

City of Residence:: Paris

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 4 rue du Sommet des Alpes

City of Mailing Address:: Paris

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing Address:: F-75015

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Bruno

Middle Name::

Family Name:: MEHUL

Name Suffix::

City of Residence:: Villejuif

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 2 place de la Fontaine

City of Mailing Address:: Villejuif

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing Address:: F-92800

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/FR03/002151	07/09/03

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
France	02 08613	07/09/02	Yes

## **Assignee Information**

Assignee Name:: L'OREAL

Street of Mailing Address:: 14, rue Royale

City of Mailing Address:: Paris

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing Address:: 75008